

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**

**Office of the Medical Director  
Indigent Medications Program (IMP)  
Coordinator-Suzane Wilbur  
213-509-3967  
213-738-2060**

**ZIPRASIDONE/GEODON**

**Client Eligibility Criteria:**

Must live in US. Citizenship not required.  
Does not have benefits, e.g., SSI, Medi-Cal, HMO, etc.  
May receive General Relief or Interim Funding.  
Has no prescription coverage. Medicare ok.

**Pfizer Process:**

Application good for one year.  
Send in page one of application every 90 days. (Reminders will be sent in 60 days.)  
Notify Pfizer if client receives benefits or if client's financial situation changes.

**Checklist:**

- \_\_\_PAP identifier "Y-PAP" is entered into client's IS Financial Screen in HMO/PHP field **before entering the PATS prescription** that corresponds to this application.
- \_\_\_MD has completed and signed Geodon PAP application Form.
- \_\_\_Geodon prescription **for one month's supply of medication** is entered into PATS. **Make sure the PAP identifier is in the IS prior to entering this prescription.**
- \_\_\_DMH form Authorization for Use or Disclosure of Protected Health Information (PHI) is explained and client has signed. Authorization is filed in client's chart.
- \_\_\_Geodon PAP application form is explained and client has signed.

**Procedure:**

- \_\_\_Geodon PAP application form is faxed to Pfizer, **1-866-229-2255**.
- \_\_\_Geodon PAP application form is faxed to DMH Pharmacy Services, **1-213-637-2550. (Please write MIS# on this copy.)**
- \_\_\_Geodon PAP original application forms are filed in central location in clinic.
- \_\_\_Date is entered into appropriate section of DMH form Account Tracking Log.